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A Statistical Enquiry on Fever, &c. By ARTHUR SAUNDERS
THOMSON, M.D., &c.

THERE is no science in which statistical investigation is more necessary than in medicine; and there are few to which it has hitherto been less applied. The physician knows that certain medicines produce certain effects, that certain diseases usually last a certain time, and that some are more fatal than others; but he has never or rarely ascertained this by numerical computation: his knowledge is the result of an experience dependent upon memory alone, and liable to be influenced by partial or prejudiced views; and if he were to be asked what were the average duration of a disease, or in what proportion one disease were more fatal than another, he would be at a loss for an answer. On the Continent, the true value of statistical investigation, in ascertaining the results of diseases, has long been duly estimated; but, in this country, the advantage of employing enumeration to obtain those results and to investigate general facts has only of late years come into importance.

Dr. A. S. Thomson has lately collected together, and published in the Edinburgh Medical and Surgical Journal, such statistical information as he has been able to collect respecting Fever in this country, and has endeavoured to ascertain from these sources the prevalence, susceptibility, intensity, and prognosis of the disease. The medical man will find advantage from consulting the statistical details contained in this valuable paper; but the following results, briefly stated, may not prove uninteresting to the general reader:—

1. The annual ratio of deaths from fever in London have decreased since the commencement of the 18th century.
2. The susceptibility to be attacked by fever is greatest among individuals under 10 years of age, and from 20 to 30.
3. The period of life during which the highest ratio of mortality occurs from fever is from 40 to 50.
4. There is no very apparent difference in regard to one sex being more susceptible of fever than the other.
5. The annual ratio of deaths by fever is nearly twice as great among the male as the female population.
6. There is about 1 death for every 15 persons attacked by fever.
7. The intensity of fever increases with the age of the patient, about 34 per cent. every decennial advance in life.
8. Attacks of fever are one-third more intense among males than females.
9. Fever is most prevalent from July to December inclusive.
10. The intensity of fever is much greater during January, February, March, April, and May, than at any other part of the year.
11. During those months in which fever is most prevalent the temperature and quantity of rain is considerably greater than during those months in which fever is not so prevalent.
12. During those months in which fever is most intense the temperature and quantity of rain is comparatively low.
13. Medical treatment has a powerful effect in lessening the danger, or number of deaths from fever.
14. Early medical treatment shortens the duration of fever.
15. The mean duration of fever among individuals under 40 is shorter than among those above that period of life.

16. The general prognosis of fever is favourable, there being 14 chances to 1 that the patient will recover.

17. The prognosis of fever becomes less favourable as the patient is advanced in life, the intensity of the disease being nearly twice as great at 41 years of age as at 21.

18. The prognosis of fever is one-third more favourable among females than males.

19. The prognosis of fever is more favourable from June to December than from January to June.

20. The prognosis of fever is one-half more favourable among patients who come under medical treatment before the 7th day of the disease than among those who are admitted at a later period.

21. The prognosis of fever is unfavourable when there are cerebral or thoracic complications.

22. The second week of fever is the most dangerous. Out of 1000 cases passing through this week 82 died.

On the Rate of Mortality amongst Officers retired from the Indian Army,
BY ROBERT CHRISTIE, Esq., F.S.S.

[Read before the Statistical Society of London, 18th June, 1838.]

IN the year 1836 I had occasion to investigate, for a Society* with which I am connected, the terms upon which a life policy commenced in India ought to be continued in this country, regard being had to the three classes of persons whose interests are more or less affected by the terms fixed upon, viz., holders of policies on lives retiring from an Indian to a British residence; the holders of policies on lives remaining in India; and the holders of policies on lives permanently residing in Europe.

It is evident that one of the principal elements in the solution of the problem is the rate of mortality which obtains amongst persons after retiring from an Indian residence. On enquiry at the India House and elsewhere, of persons extensively connected with India, I found a very general opinion to exist, that the lives of such persons had received considerable damage by a residence in India, and that the Northampton Table of Mortality, published in 1783 by Dr. Price, might be taken as a tolerably accurate measure of the mortality among such persons. I could not, however, ascertain that these opinions were founded on any basis which could be relied upon, and as I believed that there existed materials sufficient to form a rate of mortality which might serve my purpose, and be useful to others, I applied for and obtained access to the Records of the India House. From these I extracted a list of all the officers who had retired from the Indian army between the years 1760 and 1836, containing—

1. The name of every officer.
2. The presidency to which he belonged.
3. The date of his appointment.
4. The date of the death of such as had died.

From these data, and taking 18 as the average age of arrival of cadets in India (it having been ascertained to be so within a very small fraction), I deduced—

* The Universal Life Assurance Society.